

SPONSOR REGISTRATION
FSFOA Summer Conference, June 16-19, 2009
Renaissance Resort at World Golf Village
St. Augustine, Florida

Sponsor Name: _____

Contact Person: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

My Company would like to participate as a:

Basic Sponsor - Enclosed is a check for \$1,000 - **PAYMENT DEADLINE May 29, 2009**

Other (I will contact you so we can work together on the details)

Please describe your business for the program agenda:

Name Badge Requests (Two representatives from your company):

Additional Badge Requests (Additional \$100 per person):

Additional Requests:

Number of Display Tables: _____

Power Supply: Yes No

Size of Display: Tabletop Full Size

Please make **checks payable to FSFOA** and return **check & form** to:

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TELEPHONE: 904-390-2624 FAX: 904-390-2092